

**MAIL OR FAX TO:**

State of New Mexico Environment Department  
**Occupational Health & Safety Bureau**  
P.O. Box 5469 Santa Fe, NM 87502-5469  
525 Camino de los Marquez, Suite 3  
Santa Fe, NM 87505  
Telephone No.: (505) 476-8700 or 1-877-610-6742



**Butch Tongate**  
Cabinet Secretary

**J. C. Borrego**  
Deputy Secretary

**REQUEST FOR CONSULTATION SERVICES FORM**

The Consultation Section of New Mexico provides no cost consultation services to New Mexico employers upon request. Consultants assist employers in evaluating safety and health programs. Comprehensive consultations visits evaluate all aspects of an employer's safety and health program and provide guidance on incorporating safety and health management into their daily operations.

Your only obligation is a commitment to correcting serious job safety and health hazards in a timely manner.

Please complete the following to request onsite consultation. This information will assist us in evaluating your request. Please submit the last three years of OSHA 300 and 300A logs, which includes the average number of employees per year, and the number of hours worked each year. Someone from the Consultation Section may contact you if additional information is needed.

**PLEASE PRINT OR WRITE LEGIBLY:****EMPLOYER'S INFORMATION:**

Corporate Name: \_\_\_\_\_

Doing Business as (DBA) or Establishment Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position / Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Site Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

Mailing Address (if different from site or physical address):

\_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

Nature of Business / Brief Description of Business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Type of Employer: ☐ Private Site ☐ Public Site

**FOR APPROVAL BY A COMPANY OFFICER OR SUPERVISOR (MUST BE SIGNED):**

Establishment Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Officer: \_\_\_\_\_ Position / Title: \_\_\_\_\_

**FOR OHSB USE:**

SIC: \_\_\_\_\_ NAICS: \_\_\_\_\_ RID # \_\_\_\_\_ CORPORATION \_\_\_\_\_ LLC \_\_\_\_\_

Type of Service: ☐ HEALTH FULL ☐ SAFETY FULL ☐ BOTH FULL ☐ HEALTH LIMITED ☐ SAFETY LIMITED ☐ BOTH LIMITED

Consultant assigned: \_\_\_\_\_

Program Manager's signature: \_\_\_\_\_ Date: \_\_\_\_\_